District of L. S. District of	ONA STATE BOARD OF HEALTH VITAL STA' ISTICS State Index No. 110 RTIFICATE OF BIRTH Local Register No. St: West
FULL NAME OF CHILD Baby tock If child is not named, make Supplemental Report on blank obtainable from local registrar. Sex of Managemental Report on blank obtainable from local registrar. Number Description Number Descri	
Child Tale Triplet and in ord of birt Full FATHER Name Residence Color tock	er Legiti-4 Right Col. 13
Color or Race White Age at 15st 42 Birthplace R (Years)	Color or Race Mexica Birthday 40
Occupation Laborer Number of child of this mather. 8 Number of Children, of this mather, now living.	Occupation Housewife
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE'S	
I hereby certify that I attended the birth of the above child; and that it occurred on 13, 1916, at 74 M. *When there is no attending physician or midwife, then the householder should make this return. (Signature)	
Given or Christian name added from a supplemental report	Address Address CS CA
COUNTY REGISTRAR. Filed WOLT	A True Copy S S LOCAL REGISTRAR. Sol COUNTY REGISTRAR.